

# ACTION PLAN

Name: \_\_\_\_\_

Date: \_\_\_\_\_

GREEN LIGHT

## Doing Well:

Here are the ways you can tell you are doing well:

- \_\_\_\_\_
- \_\_\_\_\_

These are things you need to do every day to stay well.

**Follow this plan every day:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YELLOW LIGHT

## Getting Worse:

These are signs of new problems:

- \_\_\_\_\_
- \_\_\_\_\_

You need to notice when your health is getting worse with the usual plan.

**Add these to your daily routine:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RED LIGHT

## Medical Alert!

These are urgent problems to solve right now:

- \_\_\_\_\_
- \_\_\_\_\_

If your attempts to help the problem don't work, you need to act now and get help.

**Do this immediately:**

_____	_____	<b>Call the Doctor's office NOW.</b> Tell them you have an urgent problem and you need help today! Doctor: _____ Phone: _____
_____	_____	
_____	_____	
_____	_____	

Reasons to get emergency medical help:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Go to the hospital or call an ambulance (Call 911):

Who else do you need to tell? \_\_\_\_\_